



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Eden Hill
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	06 March 2024
Centre ID:	OSV-0008369
Fieldwork ID:	MON-0042748

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Eden Hill is a full-time residential service, operated by Nua Healthcare Services Limited providing care and support to children with disabilities between the ages of eleven and 18 years. It is situated in a tranquil rural setting however, two modes of transport are available so as residents can access community based facilities. The service provides high quality living accommodation for up to six children and comprises of a large detached two-storey five bedroom house. Within the centre, there are also two stand-alone one bedroom apartments. . All bedrooms in this centre are en-suite. Additionally, there are two communal sitting rooms, a fully equipped kitchen cum dining room, a utility facility, a staff office and a communal bathroom. Residents receive care and support on a 24-hour basis from a team consisting of a person in charge, a deputy house manager an acting shift lead manager and a team of support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 March 2024	10:00hrs to 15:50hrs	Raymond Lynch	Lead
Wednesday 6 March 2024	10:00hrs to 15:50hrs	Florence Farrelly	Support

What residents told us and what inspectors observed

This inspection took place in response to a number of notifications the centre submitted to the office of the Chief Inspector of the Health Information and Quality Authority (HIQA) in January and February 2024. These notification raised concerns about the quality and safety of care provided to the residents. Subsequent to the notifications, the provider submitted written assurances outlining that a number of measures had been taken to address the issues raised which included additional managerial oversight of the centre on a 24/7 basis. This inspection was to ensure that where appropriate, those measures remained in place and were effective in addressing the issues notified.

The centre comprised of a large detached house in Co. Longford with the addition of two stand-alone one-bedroom apartments on the grounds of the property. At the time of this inspection, there were three residents living in the centre. The inspectors met with two of them and spoke with one of them at various times over the course of the inspection.

On arrival to the centre the inspectors observed that the house was spacious, clean, warm and welcoming. There was a private garden/driveway area to the front of the property and a large private well-maintained garden area to the rear.

The deputy house manager (DHM) met with the inspectors and explained that one of the residents was at school and two were still in bed at this time. The DHM was found to be knowledgeable of the assessed needs of the residents and observed to interact with them in a professional, calm and person centred manner.

One resident met with told the inspectors that they were very happy in their home and loved living there. They also said that they had everything they needed. They were doing their homework at the kitchen table (reading, writing and mathematics) and took a short break from their studies to show the inspectors a visual timetable they had in place regarding what activities they liked to engage in each day and at what time. They went through this timetable with one of the inspectors explaining how it works and what activities they like to partake in. For example, they had been for a walk earlier in the day and told the inspectors that they were going swimming later on. They also explained that they had recently been to visit a relative and had a great time.

Later on in the inspection process the resident spoke with the inspectors again and said that they were very happy in the centre. They had also been farming at the weekend prior to this inspection and said they enjoyed this activity, especially at this time of year. They said at times, the house could be too warm and the heating needed to be turned down however, they reiterated that they loved the house.

The inspectors also observed that this resident had a good sense of humour and appeared to enjoy being in the company of staff. They told the inspectors that they

were interested in healthy living/healthy lifestyle and were growing their own spinach in the garden. They explained that a staff member thought that the spinach was actually rhubarb and found this very funny. Later in the day the inspectors also observed the resident making themselves a cup of tea in the kitchen and having a chat with the staff team.

One inspector met with a second resident briefly. The resident appeared in good form and when asked how they were doing, they replied ok. However, they did not wish to engage in a conversation with the inspector and their decision was respected.

On review of a sample of files, the inspectors observed that due to residents assessed needs, they required input and support from the multi-disciplinary team. This support was provided for and residents had access to General Practitioner (GP) services, mental health and behavioural support professionals.

While the two residents met with on the day of this inspection appeared happy and content in their home, this inspection found non compliance with regulation 24: admissions and contract for the provision of services. Additionally, regulation 25: temporary absence, transition and discharge of residents and regulation 34: complaints procedures were found to be substantially compliant.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

Capacity and capability

On the day of this inspection, the residents appeared happy and content in their home and, systems were in place to meet their assessed needs. However the admission process for this centre required review and a minor issue was identified with the complaints process.

The centre had a clearly defined management structure in place which was led by a person in charge, a deputy house manager and an acting shift lead manager. They were supporting in their role by a director of operations.

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in September 2023.

Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified social care professional with an additional management qualification and were found to be aware of their legal remit to the regulations and were responsive to the inspection process.

They had systems in place for the supervision of their staff team and were aware of the assessed needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

From a review of a sample of rosters from February and March 2023 the inspectors found that there were adequate staffing arrangements in place to meet the assessed needs of the residents and as described by the person in charge and deputy house manager.

For example, five staff worked 12 hour shifts each day and 3 staff provided 12 hour waking night cover.

Systems were in place so as to ensure staff were being supervised by the person in charge and/or deputy house manager as required by the regulations.

The person in charge also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

From a small sample of files viewed, the person in charge also maintained relevant information and documents as specified in Schedule 2 of the Regulations.

Prior to this inspection some staffing issues and safeguarding concerns were reported to HIQA from the designated centre concerning a resident who had recently been admitted to the service. However, these issues were being dealt with via the organisations safeguarding pathways and were actioned under regulation 24: admissions and contract for the provision of services.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspectors found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safeguarding of vulnerable adults
- children's first
- fire safety
- basic first aid.

It was observed that some staff required first aid response training so as to ensure there was a trained first aid responder on duty every day and night in the service. However, the person in charge was aware of this and had plans in place so as to ensure three additional staff would undertake this training in March 2024.

The person in charge also informed the inspectors that they intended to identify three additional staff to undertake this training in April 2024.

Additionally, fire training had also been scheduled for March 20, 2024 and all staff were scheduled to complete this.

Judgment: Compliant

Regulation 23: Governance and management

On the day of this inspection there were clear lines of authority and accountability in this service.

The centre had a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by a deputy house manager and an acting shift lead manager. Additionally, a director of operations provided support to the management team of the centre.

A number of safeguarding issues had occurred in this centre in January/February 2024 and in response to this, the centre provided assurances to HIQA that additional managerial oversight was being deployed to the centre on a 24/7 basis. However, at the time of this inspection, this level of oversight was no longer required and the

additional governance arrangements had been withdrawn on February 12, 2024.

The person in charge had managerial responsibility for two registered designated centres at the time of this inspection. However, they informed the inspectors that taking into account the concerns that had recently arisen in this service, they would commence working on a full time capacity from April 2024 onwards, in this designated centre only. This meant that they would have a regular presence in the centre from Monday to Friday each week.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre in September 2023.

These audits identified any issues in the service along with a plan of action to address those issues in a timely manner.

For example, the auditing processes identified the following:

- the process for the supervision of staff required review
- the training matrix required review/updating.

These issues had been identified, actioned and addressed by the time of this inspection. While other issues were also identified arising from the audits, a plan of action had been developed to address such issues.

As identified above, prior to this inspection some staffing issues and safeguarding concerns were reported to HIQA from the designated centre concerning a resident who had recently been admitted to the service. However, these issues were being dealt with via the organisations safeguarding pathways and were actioned under regulation 24: admissions and contract for the provision of services.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Prior to this inspection there had been two recent admissions to the centre however, both placements had broken down and on the day of this inspection, neither resident was availing of the service. In turn, the process of admissions to this designated centre required review.

This was to ensure that going forward, residents admitted to this centre experienced stability while residing in the residential service as detailed in the National Standards for Residential Services for Children and Adults with Disabilities.

It was also to ensure that there was adequate managerial oversight of the centre and adequate staffing arrangements in place so as to ensure the service was delivering high-quality, safe services as outlined in the centre's statement of

purpose.

Judgment: Not compliant

Regulation 34: Complaints procedure

Systems were in place to manage and respond to complaints.

The inspectors observed that information on the complaints process was available in an easy to read format in the centre and where required, complaints were being escalated through the safeguarding pathways.

However, it was observed that on the log of complaints as shown to the inspectors on the day of this inspection, it was not noted whether the complainant was satisfied or not with how the issue was dealt with.

Judgment: Substantially compliant

Quality and safety

On the day of this inspection, residents met with appeared happy and content in their home and systems were in place to meet their assessed needs. However, the process of transitions from the service required review.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services and mental health supports.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

However, the planning process with regard to transitioning residents from the centre required review so as to ensure the process gave the residents and staff adequate time to prepare for a potential move to a new centre.

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents.

Overall this inspection found that the residents met with appeared happy and content in their home, however, as identified above, the process of transitions from

the centre required review.

Regulation 25: Temporary absence, transition and discharge of residents

The planning process with regard to transitioning residents from the centre required review so as to ensure the process gave the residents and staff adequate time to prepare for and plan a potential move to a new home/centre.

On the day of this inspection it was observed that one resident was required to transition from this designated centre to a new home no later than March 15, 2024. However, on further review of this the inspectors noted that in order for this transition to be approved, a comprehensive needs assessment had to be carried out with the resident. This assessment was to determine if the resident was suitable to be admitted to their new placement taking into account their assessed needs and the assessed needs of the other residents residing in that centre

This comprehensive needs assessment had not been carried out until March 04, 2024. Taking this into account, the transition process required review so as to ensure there was adequate time available to determine if the new placement for the resident was suitable to meet their assessed needs and in determining that no compatibility issues would occur between that resident and other residents living in the new proposed centre.

Notwithstanding, prior to this inspection a number of steps had been taken with the resident so as to ensure a successful transition to their new home. For example, the resident had been supported to visit their new placement prior to the transition process and it was reported that they were happy with their proposed new home.

It was also observed that the policy on transitions from the centre could provide more detail on the process of transitioning minors to services for adults.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example, where a resident was at risk due to behaviours of concern, they were provided with 1:1 and/or 2:1 staff support. Additionally, a number of restrictive

practices were in place so as to promote the safety of the residents. For example, where required certain household goods were kept locked in presses for residents safety.

Where the environment posed a risk to a resident, an environmental risk assessment was in place so as to ensure residents were safe in their home.

Staff were also trained in safety intervention techniques and a number of staff had first aid responder training. It was observed that more staff required first aid responder training however, the person in charge was aware of this and had plans in place to address it. Additionally, all staff had basic first aid training completed.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents individual person plans residents contained a section on managing challenging behaviour. This provided staff with guidelines on how to support residents with behaviours of concern to include reactive and proactive strategies.

Residents also had access to a number of mental health professionals to include psychiatry and psychotherapy support. Additionally, support was provided to the residents from a behavioural specialist (who had recently visited the centre). Where required, residents also had access to GP services.

The deputy house manager who was spoken with by both inspectors at the commencement of this inspection demonstrated a good knowledge of the residents assessed needs as detailed in their individual personal plans.

Judgment: Compliant

Regulation 8: Protection

On the day of this inspection, systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were number of active safeguarding plans in place in the centre. However the management team of the centre outlined the following to the inspectors:

- all safeguarding concerns were dealt with via the safeguarding pathways in the service to include preliminary screening and the development of safeguarding plans
- all safeguarding concerns and/or allegations were reported to the person in charge and designated officer in the service
- all safeguarding concerns and/or allegations were reported to the national

safeguarding team and/or the independent statutory regulator of early years services

- where required, safeguarding concerns were reported to An Garda Síochána
- all allegations and safeguarding concerns were reported to the Health Information and Quality. Authority

The inspectors also noted the following:

- policies and procedures were available in the centre on safeguarding
- easy to read information was available in safeguarding and advocacy
- at residents meetings/residents forums, the concepts of rights, complaints and safeguarding were discussed
- pictures of the safeguarding officer and complaints offer were on view in the centre.

Additionally, from a small sample of files viewed staff had training in

- safeguarding of vulnerable adults and
- children's first.

It was observed that some safeguarding and staffing issues occurred in the centre shortly after a new admission to the service however, these issues were being dealt with via the organisations safeguarding pathways. Additionally, additional managerial support had been deployed to the centre at that time on a 24/7 basis. This issue was actioned under regulation 24: admissions and contract for the provision of services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Eden Hill OSV-0008369

Inspection ID: MON-0042748

Date of inspection: 06/03/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> 1. The Director of Operations (DOO) will complete a review of PL – ADT – 001 (Policy on Admissions, Discharge and Transitions) to ensure that all Individuals within Eden Hill and that their admissions occurred in line with PL – ADT – 001. Due Date: 12.04.2024. 2. The Person in Charge (PIC) in conjunction with the DOO will complete a review of the Centre's Statement of Purpose to ensure it is line with Individuals assessed needs. Due Date: 12.04.2024. 3. The above points will be discussed with the Team Members at the next monthly team meeting held on 26.04.2024. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) and Designated Complaints Officer will complete a full review of all Complaints within the Designated Centre over the previous 12 months. Completed 07.03.2024. 2. The Designated Officer will visit the Centre to meet with all Individuals who have submitted Complaints to ensure they are satisfied with the response they have received from the Designated Officer. Due Date: 26.04.2024. 	

3. The above points will be discussed with the Team Members at the next monthly team meeting held on 26.04.2024.

Regulation 25: Temporary absence, transition and discharge of residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

1. The Director of Operations (DOO) shall complete a root cause analysis of the Individuals (ID400) transition from Eden Hill over the previous 12 months to ensure these were completed in line with PL – ADT – 001. Due Date: 12.04.2024.

2. Following the root cause analysis, and any learnings identified, the Director of Operations (DOO), in conjunction with the ADT Manager shall update PL – ADT – 001 (Policy on Admissions, Discharge and Transitions) as necessary to ensure all transitions and discharges from the Centre are planned in accordance with the wishes of the Individual and (where appropriate) their parents, in a timescale that is acceptable to all in a safe manner. Due Date: 19.04.2024.

3. The above points will be discussed with the Team Members at the next monthly team meeting held on 26.04.2024.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Not Compliant	Yellow	26/04/2024
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Substantially Compliant	Yellow	26/04/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any	Substantially Compliant	Yellow	26/04/2024

	action taken on foot of a complaint and whether or not the resident was satisfied.			
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